

## City of Maple Valley INCLUSION REQUEST FORM

If you believe you require auxiliary aids or services, aides, or adaptive equipment to access a City of Maple Valley Parks & Recreation Department (MVPR) program, please submit this Inclusion Request Form to [allison.scott@maplevalleywa.gov](mailto:allison.scott@maplevalleywa.gov). The MVPR will evaluate the program(s) requested for appropriateness of participation and need for accommodations and/or adaptive equipment within a reasonable time if it does not fundamentally alter the program or impose an undue burden on the municipality. MVPR encourages participants to submit this Inclusion Request Form at least 10 business days prior to the start of the activity.

Date \_\_\_\_\_ Participant Name \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian (s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Program requesting to participate in:

Name of Program \_\_\_\_\_

Location of Program \_\_\_\_\_

Dates of program \_\_\_\_\_

Has the participant previously participated in a Maple Valley Recreation Program? ☐ YES ☐ NO

### Additional information (optional)

**You may voluntarily provide the following information, which may enable the MVPR to provide better service.** This information may be used to select appropriate programs, recommendations, instructors or adaptive equipment. This information may also assist MVPR staff to help the Instructor/participant integrate into the program and offer training to respond to unwanted behaviors during the program.

Description/ Definition of Disability:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Autism                  | <input type="checkbox"/> Asperger's       | <input type="checkbox"/> ADHD/ADD                   | <input type="checkbox"/> Behavioral         |
| <input type="checkbox"/> Cerebral Pals           | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Emotional                  | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Learning         | <input type="checkbox"/> Oppositional Def. Disorder | <input type="checkbox"/> OCD                |
| <input type="checkbox"/> Physical                | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Visual Impairment          | <input type="checkbox"/> Other _____        |

Severity of Disability ☐ Mild ☐ Moderate ☐ Severe

Describe the barriers to accessibility

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What are the program goals for the participant?

- ☐ Improve Group Participation   ☐ Physical Fitness   ☐ Recreation Participation   ☐ Skills Enhancement  
☐ Socialization   ☐ Other \_\_\_\_\_

Participant's Medical Information & History: (Maple Valley staff and contractors are not skilled health care providers)

- ☐ Allergies   ☐ Balance Challenges   ☐ Food Restrictions   ☐ Hearing Impairment   ☐ Needs Assistance Toileting  
☐ Needs Assistance Administering Medications   ☐ Sensory Challenges   ☐ Temperature Sensitive  
☐ Uses Wheelchair   ☐ Uses a Communication Device   ☐ Uses Walker   ☐ Visual Impairment  
☐ Other- Please explain:  
\_\_\_\_\_

Additional medical information \_\_\_\_\_

- Participant has a 1:1 aide   ☐ at all time's   ☐ during academic learning   ☐ lunch  
☐ during vocational/manipulative tasks   ☐ self-help tasks

Bathroom Skills (1:1 must be provided by participant for non-toilet trained individuals)

- ☐ Independent  
☐ Toilet trained but needs prompting for hand washing  
☐ Toilet Trained, occasionally has accidents and needs some prompting  
☐ Currently toilet training at school and at home and needs some prompting  
☐ Is not toilet trained and requires hand-over-hand assistance

Does the participant currently have an IEP or Behavior Management Plan?   ☐ Yes   ☐ No

If yes, would you be willing to share this information? \_\_\_\_\_

### Interaction Skills

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, please rate the following:

Skill	Rating	Additional Comments
Comprehends and learns through verbal directions		
Speaks and is clearly understood		
Consistently requires visual aids and modeling		

to participate in activities		
Requires adaptive equipment to participate in activities		
Responds to incentive/reward programs		
Is sensitive to the touch of others		
Can manage his/her own anger when upset		
Can communicate personal needs		
Will cooperate with staff and peers; shares		
Stays with assigned group with minimal supervision		
Becomes frustrated during recreation activities		
Learns best with visual cues		
Able to maintain personal space		
Will require redirecting and prompting to attend to tasks		
Needs assistance using & handling money		
Does display aggression toward others		
Does demonstrate self-injurious behaviors		
Will use inappropriate language/gestures		
Will obsess about particular topics		
Will be able to participate in off-site field, using bus for transportation		

What strategies/techniques do you find successful in redirecting or modifying unwanted behaviors?

What types of activities might cause anxiety or unwillingness to participate

☐ Large spaces      ☐ Loud noises      ☐ Touching      ☐ Confined spaces      ☐ Water      ☐ Certain

types of lighting. Please explain \_\_\_\_\_

☐ Other: \_\_\_\_\_

Please explain any environmental, situational, or other triggers that may upset the participant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any information that may enhance the positive behavior or safety of the participant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Notes:

\_\_\_\_\_

\_\_\_\_\_

The MVPR may impose safety requirements for the safe operation of its programs. The following information is required to allow MVPR to operate its program safely.

MVPR's guidelines regarding medication needs of participants during camps or programs is important. For this reason we have a SUPPLEMENTAL MEDICAL PACKET where guardians and medical professionals can provide information and direction. Please complete the waiver portion below and proceed to the SUPPLEMENTAL MEDICAL PACKET to be provided by the designated Recreation Coordinator.

Is the Participant Currently Taking Medication    ☐ Yes                      ☐ No

**If Yes, please list below:**

Name of Medication	Dosage	Purpose of Medication	Side Effects

Will medication need to be administered during program hours?   ☐ Yes                      ☐ No

If Yes, Who will administer medication to participant? \_\_\_\_\_

Does the participant have any allergies?   ☐ Yes                      ☐ No

If yes, what type \_\_\_\_\_

**Acknowledgements:**

- I understand that this service is not designed for therapeutic or one-on-one care.
- The participant's Inclusion Plan does not exempt him/her from following the MVPR Code of Conduct.
- I understand it is my responsibility to provide MVPR with the most current information on my child/dependent and his/her abilities to assist in making modifications to meet his/her needs.
- I understand it is my responsibility to let MVPR know if there are any changes to the information I have provided on my child/dependent as soon as a change occurs.
- I understand it is my responsibility to inform MVPR prior to each program my child/dependent signs up for in which I wish to have his/her modifications in place.
- I understand that my child's/dependent's inclusion plan does not exempt him/her from following the MVPR's program rules and consequences. The modifications in place may assist him/her in meeting these rules, but does not exempt him/her from following them.
- I understand that if my child/dependent is unable to comply with these rules, even with use of the modifications in place, he/she will be subject to MVPR's disciplinary procedures. Warnings, probationary periods and suspensions are some of the steps that may be taken to ensure participants and families are aware their placement in the program is in jeopardy. In some cases, participants may be subject to emergency suspension or expulsion if their behaviors are beyond our ability to successfully redirect.
- I understand that completing this Inclusion Request Form does not ensure registration for the activity.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_